

# DANCE WITH STACEY 2025-2026

## AFTERSCHOOL REGISTRATION

NAME \_\_\_\_\_ AGE \_\_\_\_ BIRTHDATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

1<sup>ST</sup> PARENT NAME \_\_\_\_\_ CELL# \_\_\_\_\_

EMAIL: \_\_\_\_\_

2<sup>ND</sup> PARENT NAME \_\_\_\_\_ CELL# \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT : \_\_\_\_\_ CELL# \_\_\_\_\_

PERSON'S AUTHORIZED TO PICK-UP: \_\_\_\_\_

ANYONE NOT ALLOWED TO PICK-UP: \_\_\_\_\_

PAPERWORK ON FILE: YES NO N/A DATE REC'D: \_\_\_\_\_

ANY FOOD ALLERGIES OR MEDICAL CONCERNS : \_\_\_\_\_

*PLEASE READ AND FAMILIARIZE YOURSELF WITH OUR ENTIRE POLICY.  
YOU MUST SIGN AND INTIAL ALL PARTS BELOW:*

I HAVE READ THE POLICY INFORMATION AND UNDERSTAND IT AND  
WILL PAY THE CORRESPONDING FEES IF I DO NOT ABIDE.

(PLEASE INTIAL AND THEN SIGN) Agree to May Performance: \_\_\_\_\_

WEEKLY FEE: \_\_\_\_\_ NO SCHOOL/ED DAYS \_\_\_\_\_ SNOW POLICY \_\_\_\_\_

WITHDRAWAL: \_\_\_\_\_ ABSENCES: \_\_\_\_\_ LATE PAYMENTS: \_\_\_\_\_ PICK-UPS \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Registration fee paid \$ \_\_\_\_\_ Pymt \_\_\_\_\_